(QALY) for etanercept compared with NST. Patients considered had chronic plaque psoriasis, PASI of 10–12 and any DLQI value at baseline. Response rates were taken from a pooled analysis of three studies of etanercept. Utility gain associated with response was assessed using patient level DLQI change mapped to EQ5D. Clinical and quality of life outcomes were extrapolated to a time horizon of ten years. Costs were estimated from a UK payer perspective including drug cost, administration visits and hospital stay for treatment failures. Probabilistic sensitivity analysis was undertaken. **RESULTS:** The model estimated incremental cost per QALY gained compared with NST to be: £2,850 (95% CI: Dominant to £6,084) for etanercept 25 mg biw and £10,351 (£7,056, £15,911) for etanercept 50 mg biw. Cost-effectiveness was sensitive to the duration of treatment holiday and response rate after therapy interruption. Cost per QALY gained in patients with baseline PASI in the range 10–72 and poor quality of life at baseline has previously been reported to be £3,299 for etanercept 25 mg biw and £10,923 for etanercept 50 mg biw. **CONCLUSIONS:** The model found treatment of a less severe psoriasis population to be cost-effective. Cost-effectiveness was comparable to findings in patients with more severe disease and poor quality of life at baseline.

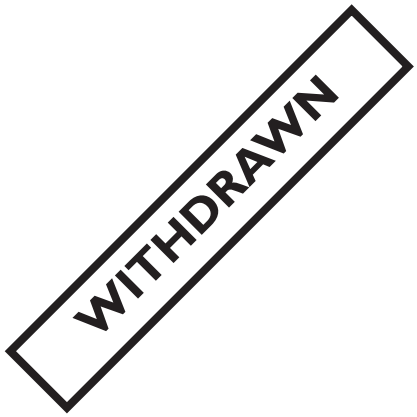
PSY12

COST-EFFECTIVENESS OF FOOD FOR SPECIAL MEDICAL PURPOSES RELATIVE TO STANDARD CARE IN PATIENTS UNDERGOING ABDOMINAL SURGERY

Nuijten MJ[1], Freyer K[2], Ceri Green J[3]
[1]Ars Accessus Medica/Erasmus University Rotterdam, Amsterdam, The Netherlands, [2]Nutricia Advanced Medical Nutrition, Zoetermeer, The Netherlands, [3]Danone Medical Nutrition, Schiphol, The Netherlands

OBJECTIVES: To assess the cost-effectiveness of Food for Special Medical Purposes (FSMP) for the prevention of malnutrition in patients undergoing abdominal surgery from the perspective of the society in The Netherlands. **METHODS:** The costs and benefits of the two treatment strategies were assessed using a linear decision analytic model reflecting treatment patterns and outcomes in abdominal surgery. The model structure allowed for differences in costs and length of stay. The incremental cost difference was based on costs associated with cost of FSMP and hospitalization. Clinical probabilities and resource utilization were based on clinical trials and published literature; cost data were from official price tariffs. **RESULTS:** The use of FSMP reduces the costs from €3318 to €3066, which corresponds with a €252 (7.6%) cost savings per patient. The additional costs of FSMP are more than balanced by a reduction on hospitalization costs. The hospitalization costs reduce from €3318 to €3044 per patient, which is a 8.3% cost saving and corresponds with 0.72 days reduction in LOS. The use of FSMP would lead to an annual cost saving of €40.4 million based on the number of 160,283 abdominal procedures per year in The Netherlands. Sensitivity analyses were performed on all parameters, including length of stay and per diem costs. The results showed that the use of FSMP in all sensitivity analyses remain cost saving compared to "no use" of FSMP. A threshold analysis on the length of stay shows that at length of stay of 0.64 days, the use of FSMP is still cost-effective. **CONCLUSIONS:** The use of FSMP is a very cost-effective treatment in The Netherlands and is dominant over standard care without FSMP: cost savings and higher effectiveness.

PSY13



PSY14

COST-EFFECTIVENESS (CE) EVALUATION OF THE USE OF RITUXIMAB-CHOP VS. CHOP SCHEMES FOR THE TREATMENT OF AGGRESSIVE NON-HODGKIN LYMPHOMA (NHL) STAGES III AND IV: TREATMENT IMPACT OVER RELAPSE AND SURVIVAL, AT THE MEXICAN-NATIONAL CANCER INSTITUTE (MEX-INCAN)

Cervera-Ceballos E[1], Meneses A[1], Vargas J[2]
[1]National Institute of Cancer, México, DF, Mexico, [2]Econopharma Consulting SA de CV, Mexico, DF, Mexico

OBJECTIVES: To perform a CE evaluation of the use of CHOP vs R-CHOP for the treatment of aggressive NHL stages III and IV. **METHODS:** After a review of the medical literature about the economic impact of NHL treatment, we performed an analysis of the resources consumed by 116 patients with the diagnostic of NHL during 2004 in the Mex-INCan. The economic evaluation was done using an hypothetical cohort simulation through a five years by means of Markov Model with monthly transitions, using a five percent discount rate. The model included 11 health status: Diagnostic; 1st-line treatment, 1st-remission, 1st-relapse, 1st-progression, 2nd-line treatment

(salvage therapy), 2nd-remission, 2nd-relapse, 2nd-progression, 3rd-line treatment (salvage therapy) and dead. **RESULTS:** The direct medical cost included diagnostic and stratification USD$2,152.01 ($2,016.77–$2,287.26); 1st-line CHOP [7.19 cycles (6.97–7.42)] USD$841.17 ($813.03–$869.31); R-CHOP [7.20 cycles (6.32–8.08)] USD$17,823.19 ($12,670.83–$22,975.55); 1st-salvage treatment (Bone Marrow Transplant, BEAM scheme) USD$56,174.10; 2nd-salvage treatment ICE-Scheme USD$18,162.34, DHAP-Scheme USD$4,138.10; ESHAP-Scheme USD$3,730.22; and monthly cost of support therapy and follow-up USD$382.15 ($301.74–$462.57). The estimated management cost at the fifth year was USD$59,785.68 for R-CHOP and USD$52,966.70 for CHOP. The CE rate for the use of R-CHOP vs CHOP was USD$6,526.54 for each free-progression year, a clear trend toward the use of monoclonal antibody inclusion. **CONCLUSIONS:** Long term results are fundamental for any evaluation of NHL treatment scheme. Under this scenario, the increase in the free-progression survival and global survival, with R-CHOP a CE ratio under one GDP per-capita in Mexico (USD$7,785.89—A WHO accepted threshold) for every free-progression year gained and it is evident that this treatment is cost-effective.

PSY15

ECONOMIC IMPLICATIONS OF IRON CHELATION IN PATIENTS WITH REFRACTORY ANEMIA RELATED TO MYELODYSPLASTIC SYNDROME

Migliaccio-Walle K[1], Baladi JF[2]

[1]United BioSource Corporation, Concord, MA, USA, [2]Novartis Pharmaceuticals Corp, Florham Park, NJ, USA

OBJECTIVES: To determine whether use of chelation therapy in patients with refractory anemia (RA) related to myelodysplastic syndrome (MDS) is cost-effective relative to no chelation in transfusion-dependent patients. **METHODS:** A 10-year cohort model with monthly cycles was built to predict the health and economic implications for patients receiving chelation therapy with 20 mg/kg deferasirox compared with no chelation. The model included increased risk of death with no chelation; major adverse events (e.g., cardiac disease) were assumed non-differential, thus excluded, in the base analysis. Risk of death was determined based on published prognostic data from chelated (overall median survival = 115 months from diagnosis) and non-chelated (median = 51 months) patients. Costs and utilities were applied in each cycle by WHO Risk Classification. Unit costs, obtained from US cost data sources, were used to calculate the costs of medication, management and transfusions. Risks of death and complications, life expectancy, resource use, initial utility value and decrease in utility due to complications were taken from published literature. Costs were discounted at 3% per year; benefits were not discounted. **RESULTS:** In the base case analysis, when initial utility value was taken as 0.6 and cost of deferasirox was assumed to be $70/day, costs per patient were estimated at $97,619 with deferasirox vs. $28,712 with no chelation. Deferasirox was predicted to increase QALYs by 1.43 years per patient, resulting in ICER = $48,172/QALY gained. Increasing the initial utility value to 1 resulted in an ICER of $28,903. **CONCLUSIONS:** Chelation therapy with deferasirox is predicted to result in higher QALYs and substantially fewer adverse events due to excess iron accumulation at a reasonable cost. Resulting cost-effectiveness ratios are estimated to be within acceptable limits.

PSY16

THE ECONOMIC IMPACT OF DIFFERENT STRATEGIES OF MANAGING RARE DISEASES WITH HIGH TREATMENT COSTS: THE CASE OF USING ACTIVATED RECOMBINANT FACTOR VII IN SEVERE BLEEDS IN ACQUIRED HAEMOPHILIA PATIENTS

Odeyemi IA[1], Dano AM[2]

[1]Novo Nordisk A/S, Pinner, UK, [2]Novo Nordisk A/S, Virum, Denmark

OBJECTIVES: The decision to use a drug first-line instead of second-line (salvage therapy) could have a significant clinical outcome and economic impact especially in rare diseases with high treatment costs such as acquired haemophilia. The aim of this study is to compare the cost-effectiveness of first-line versus second-line use of recombinant activated factor VII (rFVIIa) in the management of severe bleeds in patients with acquired haemophilia. The perspective of the study is that of the United States hospital authorities. **METHODS:** We modelled the economic impact of different treatment strategies reported from the only existing compassionate-use database containing data from 38 patients with acquired haemophilia for whom rFVIIa was used in the management of 78 severe bleeding episodes from 1990–1995. **RESULTS:** In 14 bleeds, rFVIIa was used as the first-line therapy with 100% success in controlling the bleeds, while a success rate of 75% was reported for 64 bleeding episodes in which rFVIIa was used as a salvage therapy. The mean treatment cost of rFVIIa as the first-line therapy was $362,906 compared to $416,793 when rFVIIa was used as a salvage therapy. Furthermore, the cost per effectively treated bleed for the second-line strategy was $545,113 compared to $362,468 for first-line use. **CONCLUSIONS:** Based on these results, rFVIIa, as a first-line therapy, is the cost-effective treatment option in the management of severe bleeding episodes in acquired haemophilia patients as compared to second-line treatment strategies.

PSY17

PRECISE STUDY: BASELINE ANALYSIS OF A COST EFFECTIVENESS STUDY ON FAILED BACK SURGERY SYNDROME

Beccagutti G[1], Zucco F[2], Lavano A[3], De Rose M[3], Poli P[4], Fortini G[5], De Martini L[6], De Simone E[7], Menardo V[8], Cisotto P[9], Meglio M[10], Costantini A[11]

[1]Medtronic Italy, Sesto San Giovanni, Italy, [2]Azienda Ospedaliera, Garbagnate Milanese, Milano, Italy, [3]Campus Universitario di Germaneto, Catanzaro, Italy, [4]Azienda Ospedaliera Universitaria Pisana, Pisa, Italy, [5]Ospedale di Circolo e Fondazione Macchi, Varese, Italy, [6]Fondazione Maugeri, Pavia, Italy, [7]Ospedale Maffucci, Avellino, Italy, [8]Ospedale S. Croce e Carle, Cuneo, Italy, [9]Ospedale Regionale S. M. dei Battuti, Treviso, Italy, [10]Azienda Universitaria Policlinico A. Gemell, Roma, Italy, [11]Policlinico SS Annunziata, Chieti, Italy

OBJECTIVES: Failed Back Surgery Syndrome (FBSS) is a chronic neuropathic pain disorder characterized by persistent lower back and/or leg pain after lumbar spine surgery. We are developing a cost-effectiveness study evaluating Spinal Cord Stimulation (SCS) treatment compared to conventional medical management (CMM) in FBSS patients. Here we report the baseline cost and health-related quality of life (HR-QoL) data from a societal perspective. **METHODS:** A prospective, pre-post, observational study is ongoing in nine Italian centers. Enrolled patients will be followed for two years. A questionnaire was developed to collect clinical (NRS—pain Numerical Rating Scale), economic (visits, drugs, diagnostic-tests, hospitalizations, productivity losses, medical aids), and quality of life (EQ-5D, SF-36 and Oswestry) patient outcomes and productivity losses for caregivers. **RESULTS:** Eighty patients were enrolled (mean age 58; 58% female). The mean NRS valued in the year before enrolment was 7.6 ± 1.5. The average total cost per patient per month was